

SUICIDE RISK ASSESSMENT

HAVE YOU EVER THOUGHT ABOUT DOING ANYTHING TO HURT YOURSELF OR TO COMMIT SUICIDE?

NO ☐ YES ☒ IF YES, WHAT WAS HAPPENING WHEN YOU WERE HAVING THOSE THOUGHTS?

N/A

B. HAVE YOU EVER TRIED TO HURT YOURSELF OR COMMIT SUICIDE? NO ☐ YES ☒

IF YES, COMPLETE THE FOLLOWING:

1) HOW MANY TIMES? 7 or 8

2) WHEN WAS THE FIRST TIME? around 8 or 9 yrs old

3) WERE YOU ALONE OR WITH OTHERS AT THE TIME? alone

4) WHAT METHOD(S) DID YOU TRY? hanging

5) WHEN WAS THE MOST RECENT TIME? a month ago

6) WERE YOU ALONE OR WITH OTHERS AT THE TIME? alone

7) WHAT METHOD(S) DID YOU TRY? Gun

8) HAVE YOU BEEN HOSPITALIZED AFTER ANY OF THESE ATTEMPT(S)? no

9) WHAT TREATMENT SERVICES DID YOU RECEIVE AFTER YOUR ATTEMPT(S)? none

N/A

C. DO YOU HAVE ANY FAMILY MEMBERS OR FRIENDS WHO HAVE ATTEMPTED OR COMMITTED SUICIDE?

NO ☐ YES ☒ IF YES, WHO? uncle Richy WHEN: 4 yrs ago

D. HOW LIKELY DO YOU THINK YOU WOULD BE TO HURT YOURSELF AT THIS TIME?

VERY LIKELY ☐ SOMEWHAT LIKELY ☐ NOT VERY LIKELY ☐ DEFINITELY WOULD NOT ☒

IF CHECKED, IF YOU WERE TO HURT YOURSELF, WHAT WOULD YOU DO? (CHECKING FOR A SPECIFIC PLAN)

Quick and easy shoot his self

I, _____, HAVE VOLUNTARILY COMPLETED THIS FORM.
(PRINT NAME)

RESIDENTS SIGNATURE _____

DATE: 12-14-16

STAFF SIGNATURE [Signature]

DATE 12-14-16 TIME: 7:46 AM ☒ PM

CONFIDENTIAL

MCCOYS 24

